

MULTIPLE DEPENDENT CLAIMS  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
09/53062  
APPLICANT(S)  
FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2				
3				
4				
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49				
50				
TOTAL IND.	3	1	2	0
TOTAL DEP.	15	1	15	0
TOTAL CLAIMS	18	1	17	0

INC.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					